

## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

**RECEIVED** 

| I. Name of Lobbyist(s) Meg Bo  | hne                                     |  | JUL 25 2017                          |  |
|--|---|--|--------------------------------------|--|
| II. Name of lobbyist's partnership, firm or corporation, if any:   |   |  | NEW HAMPSHIRE<br>DEPARTMENT OF STATE |  |
| Consumer Reports, Inc.   |   |  |                                      |  |
| (Name of partnership   | o, firm or corporation)                 |  |                                      |  |
| 1535 Mission Street  | San Francisco                           | CA   | 94066                                |  |
| Business Address: (Street)   | (Town/City)                             | (State)  | (Zip Code)                           |  |
| ( ) (415) 431-6747<br>(Telephone)  | ( ) (415) 431-0906<br>(Fax)             | e-maillevyje                                   | @consumer.org                        |  |
| III. This statement covers: (Choose reportable expense transactions w  |   |  | ay file a separate report for        |  |
| X All reportable transactions occur  | ring in the months prior to the repor   | ting date relative to t                        | he following client:                 |  |
| Consumer Reports, Inc.   |   |  |                                      |  |
| (Full Name of OR   | Client as it appears on the Lobbyist Re | gistration Form)                               |                                      |  |
| ☐ All reportable transactions by the unrelated to any particular client.                                     | lobbyist (including the lobbyist's fa   | amily), or the lobbying                        | ng firm listed below which are       |  |
| IV. Date of Report April 26, 20 Reports cover: activity from date of   |   | July 26, 2017 🛚 X<br>v from 4/1/17 to 6/30/1   | 7                                    |  |
| October 25, activity from 7/   |   | January 31, 2018 []<br>by from 10/1/17 to 12/3 | 1/17                                 |  |
| V. There have been no fees rece<br>If this box is checked, complete just t<br>Concord, NH 03301.             |   |  |                                      |  |
| VI. Check if additional reports are  | attached:                               |  |                                      |  |
| ☐ If you have received fees or mad   |   | ndum A- Fees and I                             | Expenses                             |  |
| ☐ If you have paid an honorarium of Expense Reimbursement  | or reimbursed expenses, you must fi     | ile <b>Addendum B</b> – R                      | eport of Honorariums or              |  |
| ☐ If you, your firm, or your family  | has made political contributions, yo    | ou must file Addend                            | um C- Political Contributions        |  |
| Sworn Statement/Affirmation by I<br>I have read RSA 15, RSA 15-B, RSA<br>and complete to the best offmy know | A 14-C and RSA 664 and hereby sw        | ear or affirm that the                         | foregoing information is true        |  |
| Meg Jahr   |   | July 24, 2017                                  |                                      |  |
| (Signature of lobbyist)  | <del></del>                             | (Da  | ate)                                 |  |
| Meg Bohne  |   |  |                                      |  |
| (Print Name of lobbyist)   |   |  |                                      |  |